Case 18-10265-elf Doc 59 Filed 08/24/20 Entered 08/24/20 17:19:19 Desc Main Document Page 1 of 2

	in this information to identify your category. Stor 1 John A. Ree										
	btor 2 buse, if filing)										
Uni	ited States Bankruptcy Court for the	: _EASTERN DISTRICT	OF PENNSYLVANIA								
Case number 18-10265							ck if this is				
]		ent showin	g postpetition		
0	fficial Form 106I						MM / DD/ Y		onowing date.		
S	chedule I: Your Inc	ome								12/1	
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. It 1: Describe Employment	r spouse is not filing w	ith you, do not inclu	de infor	mati	on abou	it your spe	ouse. If mo	ore space is	needed,	
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse		
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Employed				
	information about additional employers.		☐ Not employed				☐ Not employed				
		Occupation									
	Include part-time, seasonal, or self-employed work.	Employer's name	Home Genius E	xteriors	5						
	Occupation may include student or homemaker, if it applies.	Employer's address	1 Winding Drive, Suite 207 Philadelphia, PA 19131								
		How long employed t	here? Since F	eb 3, 2	020		_				
Pa	Give Details About Mor	nthly Income									
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	line, writ	e \$0 in the	space. Inc	clude your no	n-filing	
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	empl	oyers fo	r that perso	on on the li	nes below. If	you need	
						For De	ebtor 1		btor 2 or ing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$;	5,416.67	\$	N/A	-	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-	
4.	Calculate gross Income. Add lir	ne 2 + line 3.		4.	\$	5,4	16.67	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	John A. Reese, III	-	(Case	number (if ki	nown)	18-1	0265		
					For	Debtor 1			Debtor 2		
	Can	u line 4 hore	4		Ф.	F 447			-filing sp		
	Copy	y line 4 here	4.		\$	5,416	5.67	\$		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	552	2.11	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$	(0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c) .	\$	(0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d	d.	\$	(0.00	\$		N/A	
	5e.	Insurance	5e	€.	\$	29	5.19	\$		N/A	
	5f.	Domestic support obligations	5f.		\$	(0.00	\$		N/A	
	5g.	Union dues	5g	J .	\$	(0.00	\$		N/A	
	5h.	Other deductions. Specify: Accident Insurance	5h	1.+	\$	44	1.64	+ \$		N/A	
		Critical Illness			\$	43	3.59	\$		N/A	
		Hospital Insurance	_		\$_	11	1.31	\$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	946	6.84	\$		N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,469	9.83	\$		N/A	
8.	l ist :	all other income regularly received:									
٥.	8a.	Net income from rental property and from operating a business,									
		profession, or farm									
		Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	1,000	00	\$		N/A	
	8b.	Interest and dividends	8b		\$ _	•	0.00	\$_		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		<i>,</i> .	Ψ_		J.00	Ψ_		11//	
	00.	regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce									
		settlement, and property settlement.	8c		\$		0.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$		0.00	\$		N/A	
	8e.	Social Security	8e	€.	\$_	(0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive									
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	:								
		Nutrition Assistance Program) or housing subsidies.									
		Specify:	8f.		\$	(0.00	\$		N/A	
	8g.	Pension or retirement income	 8g	J.	\$	(0.00	\$		N/A	
	8h.	Other monthly income. Specify:	8h	1.+	\$	(0.00	+ \$		N/A	
				Г							1
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	(\$	1,000	0.00	\$		N/A	
40	0-1-	olete menthly because ALLE - 7 . B - 0	40 [Φ.						•	- 400 00
10.		•	10.	\$_	,	5,469.83	+ \$_		N/A =	\$	5,469.83
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L				l L				
11.		e all other regular contributions to the expenses that you list in Schedule									
		Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and									
	other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule</i>								1		
	Spec		avan	abic	J 10 P	ay expens	00 1101	.00 111 0	11.		0.00
									_		
12.		the amount in the last column of line 10 to the amount in line 11. The res									
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data applies							a, if it	12.	\$	5,469.83
	арріі	es								—	,
										Combin	
12	Do v	ou expect an increase or decrease within the year after you file this form	2						r	nonthly	income
13.	DU y	No.	•								
	_	Yes. Explain:									
	ш	100. Expiairi.									